

DEPOSITIONS, TESTIMONY, AND MEDICAL RECORDS REPRODUCTION GROUND RULES AND FEES

1. **DEPOSITIONS AND TESTIMONY:** In determining fees for medically related depositions or testimony rendered on behalf of employees receiving benefits under the Kansas Workers Compensation Act, the following guideline shall be used:

A health care provider's time for giving a deposition or testimony shall be billed using *CPT* Code 99075. Reimbursement is to be at the health care provider's usual and customary charge, not to exceed the following:

- \$300.00 for the first hour
- Plus an allowance of \$75.00 for each additional 15-minute increment
- Travel time may also be reimbursed, but is limited to one-half the prescribed hourly rate for a deposition or testimony

Anticipating that a health care provider may require time to prepare for a deposition and/or testimony, charges for the review of previously reviewed records in preparation for said deposition or court appearance are subject to the following maximum allowable fees:

- \$75.00 for a review of medical records for the first 50 pages
- \$37.50 for each additional 50 pages or part thereof

2. **INDEPENDENT MEDICAL EXAMINATIONS (IMEs) AND OTHER SPECIAL EXAMINATIONS AND/OR REPORTS:** In determining the fee for any necessary IMEs and other special examinations or reports rendered on behalf of employees receiving benefits under the Kansas Workers Compensation Act, the following guideline shall be used:

A health care provider's time for performing an IME or other special type of examination or report, shall be reimbursed at the health care provider's usual and customary charge, not to exceed the following:

- \$300.00 for the first hour
- Plus an allowance of \$75.00 for each additional 15-minute increment.
- Travel time may also be reimbursed, but is limited to one-half the prescribed hourly rate for an IME or other special type of examination or report.

Charges for any related review of medical records for, or in association with an IME, or other special type of examination or report, are subject to the following maximum allowable fees:

- \$100.00 for all or part of the first 50 pages
- \$75.00 for each additional 50 pages or part thereof

Payments to health care providers for performing an IME and any related review of medical records, or other special type of examination or report, are to be made in compliance with guidelines of this fee schedule and are not subject to any form of discount (other than those individually negotiated) which might be imposed. For example, it is not allowed that a health care provider will be reimbursed at a discounted rate because a Workers Compensation claim had been settled for an amount less than originally contemplated.

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Reimbursement for performing an IME, other special type of report, or examination shall include that written documentation of such service(s), be provided to the insurance carrier, and the person or agency requesting such service(s). There will be no charge to the Kansas Division of Workers Compensation if a copy of such service documentation is requested. However, further additional copies, if necessary, shall initially be requested of the insurance carrier. In the event that requested copies are not obtainable from the carrier, prepayment will be required to obtain additional copies from the physician or other health care provider. The charges for providing additional copies is not to exceed the usual and customary charges of said provider, or those as outlined in the Workers Compensation Schedule of Medical Fees, whichever is less.

3. **REPRODUCTION OF MEDICAL RECORDS:** Note: Medical records related to Workers Compensation are not included in the medical records copying charges contained in Senate Bill 119 (2002) codified as K.S.A. 65-4971. Reimbursement for the reproduction of an employee's medical records (inclusive of any ancillary expenses such as postage and sales tax, which are not to be charged as separate items) should be at the health care provider's usual and customary charge, not to exceed the following:

Up to 10 pages: \$16.00
11-50 pages:..... \$28.00 (\$16.00 for the 1st 10 pages
plus \$12.00 for 11-50 pages)
Above 50 pages:..... \$28.00, plus \$0.35 per page above 50

The maximum allowable payment for the copying of medical records is applicable to any health care provider, business, or other entity providing any forms of copying services. Any additional charges submitted by/for copying services are prohibited. Any payments made in advance for copying medical records that exceed the allowable payments of this fee schedule, must be refunded.

A health care provider has the responsibility to submit supporting information or documentation (**except for routine office notes**) when seeking timely payment and reimbursement for the services provided. If the payer has not received all the necessary information to process payment and thus, sends a request to the health care provider for said information, such information should be provided at no charge, in order to expedite payment of the service. However, in the event the payer routinely requests an entire medical record (including all related documentation) of the services provided in order to process the claim, it is acceptable for the health care provider to submit a bill to the payer in accordance with the above guidelines as it relates to the reimbursement for the reproduction of medical records.

An "access fee" or "administrative fee" for providing specific and limited information is inappropriate as an additional charge. However, when records are stored off-site, any expense involved in the retrieval of such records will be reimbursed upon receipt of the necessary documentation substantiating the expense incurred for retrieving said medical records.

Reimbursement for the reproduction of medical records also applies to copies of microfiche or any other types of storage systems such as electronic media, etc. Health care providers may also charge up to \$5.00 a film for the copying of x-rays.

4. **REIMBURSEMENT FOR MILEAGE AND TRAVEL TIME ASSOCIATED WITH DEPOSITIONS, TESTIMONY, OR INDEPENDENT MEDICAL EXAMINATIONS:** Mileage (including any tolls and parking fees actually incurred) to and from the place of a deposition, testimony, or independent medical examination is to be reimbursed at the rate prescribed for compensation of state officers and employees pursuant to K.S.A. 75-3203a.

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5. **CANCELLATION AND/OR RESCHEDULING OF A DEPOSITION, TESTIMONY, OR IME:** If notice of cancellation or a request to reschedule a deposition, testimony, or IME is less than two working days, a maximum charge of \$150.00 is allowable. **Note: Any payment exceeding \$150.00 that a health care provider received in advance is to be refunded, as no actual deposition, testimony or IME was provided.**
6. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT FOR AN IME:** With regard specifically to an IME, and in the event a patient fails to keep a scheduled appointment for an IME, the health care provider is allowed to make a maximum charge of \$150.00 for the services that would have been provided by said appointment (i.e., a maximum charge of \$150.00 for a “no show” appointment is allowed). Additionally, if a review of medical records was required to prepare for an IME, charges for such record reviews may be added to the charge of \$150.00 for the services that would have been provided by said appointment.
7. **ITEMIZATION OF CHARGES:** All bills submitted for payment shall be itemized and shall include the following *CPT* code(s) as appropriate, for proper reimbursement:
 - 99075 Medical testimony (including depositions)
 - 99199 Unlisted special service or report
8. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.